

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>
Mailing Address <b>PO Box 257</b>		Amount <b>1552.83</b>
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/Type	Transaction ID : <b>SE.21718</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2020</b>
Name of Federal Candidate <b>DAINES, STEVE, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <b>31631.51</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>
Mailing Address <b>21850 Inglewood Ct.</b>		Amount <b>1229.40</b>
City <b>Ashburn</b>	State <b>VA</b>	Zip Code <b>20148</b>
Purpose of Expenditure <b>Printing / Production / Postage</b>	Category/Type	Transaction ID : <b>SE.21719</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2020</b>
Name of Federal Candidate <b>DAINES, STEVE, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <b>32860.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2782.23</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 28 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>	
Mailing Address <b>21850 Inglewood Ct.</b>		Amount <b>1229.39</b>	
City <b>Ashburn</b>	State <b>VA</b>	Zip Code <b>20148</b>	Transaction ID : <b>SE.21720</b>
Purpose of Expenditure Printing / Production / Postage		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2020</b>
Name of Federal Candidate <b>BULLOCK, STEVE, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>34090.30</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1229.39</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>4011.62</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 28 / 2020**

Signature